



Phone: TTY:

Fax:

www.ides.state.il.us

Date Mailed:

Claimant ID/SSN:

Combined Wage Claim Choice Letter

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

You have filed a claim in Illinois for Unemployment Insurance effective _____ requesting a combining of wages with the following state(s): _____.

A response has been received from the state(s) of _____ indicating that wages have not been found for you. If you disagree with the response received from the state(s) of _____ or you can provide additional information, such as check stubs or a W2, about your employment in the state(s) of _____, contact your local office at the phone number listed above.

If you have no additional information to provide regarding your wages but disagree with the information from _____, you must appeal to _____.

You may contact your local office at the phone number listed above for instructions on filing the appeal.

Wages have been received from the state(s) of _____. These wages, when combined with your Illinois wages, entitle you to an ILLINOIS Weekly Benefit Amount of \$ _____ per week for 26 weeks (plus \$ _____ for dependent children or spouse, if applicable). Your Maximum Benefit Amount would be \$ _____.

You can choose to withdraw this claim and file a claim against the state of _____ for a Weekly Benefit amount of \$ _____ for _____ weeks. Please contact your local office at the phone number listed above to make your decision regarding the state in which you wish to file for benefits.

If you do not respond to this letter by _____, we will add these wages to your Illinois claim. You will receive a revised Finding. If you disagree with the wages on page two or you can provide additional information, such as check stubs or a W2 about your employment in the state of _____, contact your local office at the phone number listed above.

If you have no additional information to provide regarding your wages, but disagree with the information from _____, you must appeal to _____.

You may contact your local office at the phone number listed above for instructions on filing the appeal.

Wages have been received from the state(s) of _____. These wages do not increase your Illinois Weekly Benefit Amount of \$ _____ and your Maximum Benefit Amount of \$ _____, however you are eligible to file solely against _____ and be eligible for a Weekly Benefit Amount of \$ _____ for _____ weeks. Please contact your local office at the phone number listed above to make your decision regarding the state in which you wish to file for benefits.

If you do not respond to this letter by _____, the Finding you were mailed dated _____ will become final on _____. If you disagree with the wages on page two or you can provide additional information, such as check stubs or a W2 about your employment in the state(s) of _____, contact your local office at the phone number listed above.

If you have no additional information to provide regarding your wages, but disagree with the information from _____, you must appeal to _____.

You may contact your local office at the phone number listed above for instructions on filing the appeal.

Wages have been received from the state(s) of _____ . These wages do not increase your Illinois Weekly Benefit Amount of \$ _____ and Maximum Benefit Amount of \$ _____ or they do not make your claim monetarily eligible and will be returned to the above State(s).

Please contact your local office at the phone number listed at the top of page one if the wages listed on below are incorrect or you can provide additional information about your employment. If you do not respond to this letter by _____ , the wages will be returned to the above state(s). If you disagree with the wages below or you can provide additional information, such as check stubs or a W2 about your employment in the state of _____ , contact your local office at the phone number listed at the top of page one.

If you have no additional information to provide regarding your wages, but disagree with the information from _____ , you must appeal to _____ .

You may contact your local office at the phone number listed at the top of page one for instructions on filing the appeal.

<i>Employer Name</i>	<i>State</i>	<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>Lag Quarter</i>